

**POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK**  
**CONSENT FORM - C.A.T. PROGRAM**

PDCN 280 - 12/90

My name is \_\_\_\_\_ . I reside  
at \_\_\_\_\_ , New York.

I am the registered owner of the following vehicle: (YEAR/MAKE OF VEHICLE) \_\_\_\_\_ ,  
(LICENSE PLATE NO.) \_\_\_\_\_ , (V.I.N. NO.) \_\_\_\_\_ .

I have volunteered to participate in Operation C.A.T. (Combat Auto Theft) an auto decal registration  
program with the \_\_\_\_\_ Precinct of the Nassau County Police Department.

I have received \_\_\_\_\_ Precinct Decal Number \_\_\_\_\_ which will be placed on the rear left  
and right window of the above described vehicle.

By participating in this program, I am certifying to the Nassau County Police Department that my:

(YEAR) \_\_\_\_\_ , (MAKE) \_\_\_\_\_ , (LICENSE PLATE NO.) \_\_\_\_\_  
is not operated between the hours of 1:00 A.M. and 5:00 A.M.

I understand that the presence of this decal, affixed to the windows of my vehicle, indicates to the police  
that this vehicle is not operated between the hours of 1:00 A.M. and 5:00 A.M. If the police observe a person  
operating my vehicle during these hours, they will reasonably suspect that such person is in possession of said  
vehicle without proper authorization. This permits the police to make an investigative stop of the vehicle.

I realize that persons operating my vehicle between the hours of 1:00 A.M. and 5:00 A.M. with my consent,  
are subject to a police stop. I authorize the police to stop my vehicle when they observe it being operated during  
this period. In these instances, police action will include the necessary precautions generally taken to protect  
officers when approaching a potentially stolen vehicle and interviewing the operator.

I understand that in order to withdraw from participation in this program I must fully remove the precinct  
decal from my vehicle.

I further agree to remove the precinct decal prior to the sale or transfer of ownership of my participating  
vehicle.

The police have fully explained the purpose of this program and have informed me of the advantages and  
disadvantages, if any, that might result from these procedures which are designed to reduce the occurrence of  
automobile theft.

I hereby consent and agree to abide by these procedures. I confirm that I have fully read and understand  
the above, and all information has been completed prior to signing.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

|                             |       |                    |  |                   |
|-----------------------------|-------|--------------------|--|-------------------|
| ADDRESS OF OWNER OF VEHICLE |       |                    |  |                   |
| HOME PHONE NO.              |       | BUSINESS PHONE NO. |  | LICENSE PLATE NO. |
| STATE OF REGISTRATION       | YEAR  | MAKE               |  | MODEL             |
| BODY TYPE                   | COLOR | V.I.N. NO.         |  |                   |
| WITNESSED BY                | RANK  | OFFICERS SIGNATURE |  | SERIAL NO.        |